

City of Wetaskiwin

Vendor Permit Application Package

Food trucks, mobile vendors, farmers market vendors, etc.

Note:

- *Vending permits are required for mobile vendors that temporarily sell good or services from a temporary location in any place where the public has an expected right of access.*

Application Package Includes:

1. Vending Permit Requirements
2. Fee Schedule
3. Vending Permit Application Form
4. Pre-Authorized Credit Card Form

Applications can be:

1. Digitally submitted to permits@wetaskiwin.ca
2. Dropped off at 4705 50th Avenue, Wetaskiwin
3. Mailed to 4705 50 Avenue, Wetaskiwin, Box 6210, T9A 2E9 addressed to Development Services

For more information, call 780.361.4400 or e-mail permits@wetaskiwin.ca

Vendor Permit Requirements
1. Vendor Permit Requirements
1.1. Vendor Permit Application Form
1.2. Locations of operation and a site plan indicating the proposed siting location of the business
1.3. Letter of consent of property owners of locations of operations
1.4. Copy of the Food Handling Permit for the vending unit (if necessary)
1.5. Completed inspection from the City of Wetaskiwin Fire Services (mobile food vendors)
1.6. A picture of the vending unit
1.7. Insurance Documentation

Fee Schedule: Vendor Permit		Fees
Vendor Permit Fees		
As per bylaw no. 1848-15	Annual Vendor Fee	\$100.00
Business License Fees		
As per bylaw no. 1933-19	Resident	\$100.00
	Regional Resident	\$150.00
	Non-Resident	\$200.00
	Weekly Business License	\$25 / week
	(Monday to Sunday to a maximum of a yearly business license fee)	

SCHEDULE "C":



YEAR: _____ **VENDING PERMIT APPLICATION FORM**

PRINCIPAL OWNER/LICENSEE INFORMATION:

TRADE OR BUSINESS NAME: _____

LAST NAME: _____ FIRST NAME: _____

BUSINESS ADDRESS: _____

CITY: _____ PROVINCE: _____ POSTAL CODE: _____

BUSINESS PHONE: _____ HOME PHONE: _____ CELL PHONE: _____

EMAIL: _____ BUSINESS LICENCE #: _____

VENDOR UNIT TYPE:

Each vending unit requires a separate application. Select the vending unit type below that best describes your unit and fill out the vehicle registration information if required:

- FOOD & BEVERAGE TRUCK

MAKE: MODEL: YEAR: COLOUR: LICENCE PLATE:

- TRAILER

LICENCE PLATE

- SIDEWALK CART

PRODUCTS/SERVICE

List the feature products and/or services you intend to provide:

For information, please contact the Development Services Department at (780) 361-4431 or (780) 361-4432. Correspondence may be sent to PO Box 6210, Wetaskiwin, AB, T9A 2E9 or brought to our office at 4705 – 50 Avenue, Wetaskiwin.

SCHEDULE "C" continued:



YEAR:

LOCATION:

List the location(s) of operation you are requesting for the vending unit below. By selecting the "OR" option between locations you will indicate you are providing several locations of interest and would only like to operate at one. By selecting the "AND" option between locations you will indicate you wish to receive one permit for multiple locations. List locations by descending order of preference with Location 1 being most preferable.

Location 1 Street:	Avenue:	Corner:	OR Named Location:
Location 2 Street:	Avenue:	Corner:	OR Named Location:
Location 3 Street:	Avenue:	Corner:	OR Named Location:
Location 4 Street:	Avenue:	Corner:	OR Named Location:
Location 5 Street:	Avenue:	Corner:	OR Named Location:

Processing may take up to 10 days. To minimize delays in processing, ensure the following requirements are met:

- This form is *fully* completed.
- Map showing proposed area(s).
- A letter of consent from property owners of ALL locations on private property or in front of a business .
- A business licence has been obtained and the business licence number is provided
- Insurance documentation displaying the amount and expiration date of the coverage is attached. (Minimum \$2,000,000 (two million dollars) of General Public Comprehensive Liability Insurance)
- A copy of the Food Handling Permit for the vending unit is attached.
- A picture of the vending unit is provided.

I, _____, am the person whose name appears directly above and I have the authority to make this application on behalf of the named business. I have fully and accurately completed this application form. I have read the Vendor Terms and Conditions and agree to abide by them.

Signature

Date

The personal information collected on this form is being collected under the authority of Sections 33, 39 (1)(a)(b) and 40 (1) (a)(b)(c) of the Alberta Freedom of Information and Protection of Privacy Act (FOIP) , and Section 301.1 of the Municipal Government Act RSA 2000 (MGA). The information collected will be used to process your application(s). Your name, contact telephone number, and address may be used to carry out current and/or future construction, operating programs, services, or activities within the Municipality. If you have questions about the collection, use, or disclosure of the personal information provided, please contact the FOIP Coordinator at 780.361.4400.

Application Date:

BL File:

BUSINESS LICENSE APPLICATION

New Business:	Change of Information:	Renew Inactive Business License:
1. Business Address:		
Address:	Plan:	Block: Lot:
City:	Province:	Postal Code: Zoning:
2. Business Information:		
Legal Company Name:	Operating Company Name:	
Business Description:		
Business Phone:	Business email:	
# of Full-Time Employees:	# of Part-Time Employees:	
What date will the business start:	Property Owner or Tenant:	
Is this business registered through the Provincial Registrar’s Office? Yes: No:		
- If yes, a copy of the business registration is required with the application.		
Will this business require additional licenses? Yes: No:		
- If “yes,” which license is required?		
Will the business have a liquor license? Yes: No:		
- If “yes,” will minors be prohibited at any time during operations? Yes: No:		
- If “yes,” what hours will a minor be prohibited?		
Will the business have an outdoor patio? Yes: No:		
- If “yes,” will it serve liquor on the patio? Yes: No:		
Home Based? Yes: No:	If yes, DP File Number:	
3. Change of Information:		
If this is a change of information, what information has changed:		
4. City Information Services:		
The City of Wetaskiwin and its partners place business information online so citizens can locate businesses and service providers. Please confirm your desire to receive relevant business tips, information and whether you would like to share your business.		
Send me City-related information		
Advertise my business on the City’s website		
Share my business information with the Chamber of Commerce		
Application cont. on next page.		

5. Owner/Head Owner(s) Information:		6. Applicant's Signature:	
Name:		<hr/> Applicant Signature	
Address:			
City:			
Province:	Postal Code:	<hr/> Application Date	
Phone:			
Email:			

Unless otherwise noted, the applicant will receive electronic notification.

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City Use Only:	
Date Received:	Received By:
Fees Received:	Receipt Number
Notes:	

CREDIT CARD AUTHORIZATION FORM

Name: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Phone: _____ Email: _____

Fee Amount: _____ Invoice/Account Number: _____

Memo: _____

I authorize the City of Wetaskiwin to charge the credit card indicated on this Credit Card Authorization form. This Credit Card Authorization is for service listed in the Memo, for the Fee Amount indicated above, and is valid for one time use only.

The City of Wetaskiwin will not keep Credit Card Authorization forms on file. Credit Card Authorization forms are stored for secure shredding once payment has been processed.

I, _____, certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the Fee Amount indicated in this form.

Cardholder Signature: _____ Date: _____

VISA: _____	MasterCard: _____
Credit Card Number: _____	Expiry: _____
Name on Card: _____	CVV: _____